

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP						
1	/						51					
2							52					
3							53					
4	/						54					
5							55					
6	/						56					
7		6					57					
8		6					58					
9	/						59					
10	/						60					
11	/						61					
12	/						62					
13		4					63					
14		4					64					
15		4					65					
16		4					66					
17		4					67					
18	/	4					68					
19		4					69					
20	/						70					
21		2					71					
22		2					72					
23	/						73					
24		1					74					
25		4					75					
26		4					76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	10						TOTAL IND.					
TOTAL DEP.	52						TOTAL DEP.					
TOTAL CLAIMS	62						TOTAL CLAIMS					